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Bib Data Sheet

CONFIRMATION NO. 7738

<b>SERIAL NUMBER</b> 09/724,926	<b>FILING DATE</b> 11/28/2000 <b>RULE</b>	<b>CLASS</b> 348	<b>GROUP ART UNIT</b> 2613	<b>ATTORNEY DOCKET NO.</b> TVABST
<b>APPLICANTS</b> David Michael Geshwind, New York, NY;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 08/483,205 06/07/1995 6507872 AND A CIP OF 09/504,605 02/15/2000 WHICH IS A CIP OF 08/485,384 06/07/1995 PAT 6,025,882 AND A CIP OF 08/485,385 06/07/1995 ABN THIS APPLICATION 09/724,926 11/28/2000 IS A CIP OF 07/951,267 09/25/1992 6590573 AND A CIP OF 07/800,325 12/02/1991				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 04/02/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <input checked="" type="checkbox"/> Examiner's Signature <i>VS</i> Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> 20
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> DAVID M. GESHWIND 111 FOURTH AVENUE NEW YORK, NY 10003				
<b>TITLE</b> Process and device for multi-level television program abstraction				
<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	